

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	244783US90CONT
	First Inventor or Application Identifier	Koji YOSHIDA
	Title	POSITION DETECTING METHOD, POSITION DETECTING APPARATUS, EXPOSURE METHOD, EXPOSURE APPARATUS, MAKING METHOD THEREOF, AND DEVICE AND DEVICE MANUFACTURING METHOD

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents</small>	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Sheets 58 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 9 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Recorded @ Reel/Frame: 011597/0872 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (1 page) 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document <small>(if applicable)</small> 11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority with PCT/IB/304

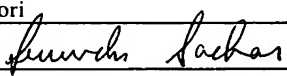
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.: 09/719,178

Prior application information: Examiner: Nguyen, Hung Group Art Unit: 2851

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS Customer Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">22850</div> (703) 413-3000 FACSIMILE: (703) 413-2220

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Signature:		Date:	October 30, 2003
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13281 US PTO

Packet No. 244783US90CONT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Koji YOSHIDA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: POSITION DETECTING METHOD, POSITION DETECTING APPARATUS, EXPOSURE METHOD,
EXPOSURE APPARATUS, MAKING METHOD THEREOF, AND DEVICE AND DEVICE
MANUFACTURING METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	58 - 20 =	38	x \$18 =	\$684.00
INDEPENDENT CLAIMS	4 - 3 =	1	x \$86 =	\$86.00
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$290.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$1,830.00
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<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
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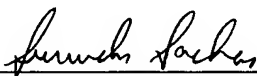
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☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: Oct. 30 2003


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